MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-010740
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 160

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAR 22 1963

ITEM NO.	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: INSTEAD OF	SHOULD READ	DATE AMENDED
1	160	160	2
2	160		
3			
4	0		
5	2		
6			
7	0		
8	0		
9	420.1		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shawneetown
Length of stay in 1b: 2 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: His home in Shawneetown
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cape Gir.
c. CITY OR TOWN: Shawneetown
Inside Limits: Yes ☐ No ☐ X
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☒ X

3. NAME OF DECEASED (Type or print): First: Otto Middle: Henry Last: Dost
4. DATE OF DEATH: Month: March Day: 2 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ X Divorced ☐
8. DATE OF BIRTH: 7/28/1890
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Pocahontas Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Otto H. Dost
13b. MOTHER'S MAIDEN NAME: Elizabeth Steiner
14. NAME OF HUSBAND OR WIFE: Clara Rudert Dost
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Elton Dost Address: Shawneetown Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ½ hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary artery Disease — 5 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1950 to 3-2-63 and last saw her/him alive on 2-24-63
Death occurred at 6:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. F. McDonald, MD
22b. ADDRESS: Jackson, Mo.
22c. DATE SIGNED: 3-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/5/1963
23c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran
23d. LOCATION (City, town, or county) (State): Shawneetown Mo.

24. FUNERAL DIRECTOR: McCombs ADDRESS: Jackson Mo.
25. DATE RECD. BY LOCAL REG.: 3-19-63
26. REGISTRAR'S SIGNATURE: Emma Karsten

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Bruce Hawkins

Licensed Embalmer No. 5097

P. O. Address Jackson, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.